



## **Muscogee (Creek) Nation Human Services Program School Clothing Program**

### **1. GUIDELINES (PLEASE READ AS SOME GUIDELINES HAVE CHANGED)**

- **The School Clothing program is open all year. Starting January 1, 2017, our school clothing year will be considered January 2017 through December 2017. For 2016, you may still apply May 2nd – December 31st**
- **School Clothing grant is an allowance of \$200 per student, per year. This amount is NOT tax exempt.**
- **This is not a reimbursement**
- **NEW RECEIPT GUIDELINES.** Receipts must:
  - **Be returned within 90 calendar days from the check issuance date; Postmark dates will not be accepted.**
  - **Be dated AFTER your check issuance date.**
  - **Copies, scanned or original receipts will be accepted. (Please do not submit photos of receipts.)**
  - **Total or exceed the amount awarded; Receipts submitted that total less than the amount awarded will result in a denial for the next school year.**
  - **Legibly print the head of household, student's name, and phone number on each receipt. PLEASE MAKE COPIES FOR YOUR RECORDS.**
  - **Be dated, itemized, have the store name and phone number.**
    - **Garage sale receipts will not be accepted.**
    - **Credit card receipts must be itemized with date, store name and phone number.**
    - **Consignment store receipts must be itemized with date, store name and phone number.**
    - **School receipts (clothing purchased from a school) must be itemized, dated, stamped with school stamp and signed by a school official.**
  - **Receipts will NOT be accepted if:**
    - **Highlighters are used on the receipts; this causes the ink to fade or disappear.**
    - **Combined with other purchases, ex. toiletries, food, non-clothing items, etc.**
    - **Receipts are stapled or taped.**
    - **The date is not on the receipts.**
  - **Do not submit cash, coins, check or money orders or other forms of payments with your receipts.**
- **In the event receipts are not submitted by the deadline, those students will not be eligible for the next school clothing year. Should a new child apply within this same household the next school clothing year, that child will be eligible.**
  - **Exceptions to this will include a natural disaster such as a fire, tornado, etc.**
  - **Documentation of the natural disaster must be submitted and dated within 90 calendar days from the check issuance date.**
- **Request for Reconsiderations for Medical/Family Emergency Only.**
  - **This will only apply to households who do not submit any receipts for the awarded/issued amount due to a medical or family emergency.**
  - **Must be in writing with documentation of emergency attached.**
  - **Medical/family emergency documentation must be submitted and dated with 90 calendar days from the check issuance date.**

### **2. ELIGIBILITY**

- ❖ **Student(s) must be enrolled with the Muscogee (Creek) Nation and a copy or printout from the Citizenship Office of their citizenship card must be submitted.**
  - **CDIB cards are NOT accepted**
  - **If a printout or copy of card has been submitted in previous years, please do not submit another verification.**



**Muscogee (Creek) Nation**  
**Department of Human Services**  
**School Clothing Program**  
**2016/2017**  
**Application**

HEAD OF HOUSEHOLD INFORMATION			
Full Name:		SSN#:	
Spouse (If applicable):		SSN#:	
Marital Status:	<input type="checkbox"/> Single: <input type="checkbox"/> Married:	<input type="checkbox"/> Separated:	<input type="checkbox"/> Divorced: <input type="checkbox"/> Widow/er:
Please Check:	<input type="checkbox"/> Legal Parent <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Caseworker
	<input type="checkbox"/> Other:		
CONTACT INFORMATION			
(CHECK WILL BE MAILED TO THIS ADDRESS. IT IS YOUR RESPONSIBILITY TO CONTACT THE OFFICE SHOULD YOU MOVE.)			
Address:			
County:	City:	State:	Zip:
Phone:	Message Phone:		
STUDENT INFORMATION			
(LIST STUDENTS IN WHICH YOU ARE APPLYING FOR. ALL FIELDS MUST BE COMPLETED WITH REQUESTED INFORMATION.)			
STUDENT NAME:	DATE OF BIRTH	SSN#:	ROLL #:
1.			
2.			
3.			
4.			
5.			
6.			
ACKNOWLEDGEMENT			
<p>By signing below, I confirm:</p> <p>*My application is thoroughly completed and all required documentation is attached.</p> <p>*The information I have provided is true and accurate.</p> <p>*I have read, understand, and will adhere to the guidelines, eligibility, application process, fair hearings statement, privacy act statement, fraud statement and release of information.</p> <p>*I have been informed that copies, scanned or original receipts must be submitted by mail, fax, email, or by dropping in the drop box located at the School Clothing Office. (Please do not submit photos of receipts.)</p> <p>*I have been informed that receipts must be returned to the school clothing office within <b>90 CALENDAR DAYS</b> of the check issuance date.</p> <p>*I have been informed that receipts must be dated AFTER the check issuance date. NO EXCEPTIONS!</p> <p>*I understand that the receipts must total or exceed the amount awarded. NO EXCEPTIONS!</p> <p>*I understand I need to submit ONE application either by mail, email, fax, in person, or by dropping it in the drop box located at the School Clothing Office.</p> <p>*I further understand I will receive a Receipt of Application postcard and should additional information be needed, I will expect a pending letter.</p> <p>*I understand that all fields must be completed or my application will not be accepted.</p> <p>*I understand that postmark mail dates will not be accepted when returning receipts. Receipts must be turned in by due date.</p> <p>*I understand this is not a reimbursement program.</p>			
Head of Household Name (printed): _____		Date: _____	
Head of Household Signature: _____			
*If the Head of Household is not the custodial parent/guardian of the child(ren), you must attach current documentation that the children is/are legally in your care.			
RETURN APPLICATIONS TO:			
MUSCOGEE (CREEK) NATION		PHONE: 918.549.2473	TOLL FREE: 800.482.1979 EX. 2473
SCHOOL CLOTHING OFFICE		FAX: 918.549.2478	
P.O. BOX 580		EMAIL: schoolclothing@mcn-nsn.gov	
OKMULGEE, OK 74447		PHYSICAL ADDRESS: 2971 N. WOOD DR.	



**Muscogee (Creek) Nation  
Department of Human Services  
School Clothing Program  
Acknowledgement Statements and Release of Information**

**Fair Hearing Statement:** Once all required documents have been received, the school clothing staff has 8-10 weeks to process your application. ALL required documentation must be received in order to determine eligibility. Should the office need additional information, you will receive one pending letter and your application will be considered pending for that school year until all required documentation has been submitted. Should your receipts get lost in the mail and you cannot provide your copy, you will be denied. Exception(s) will be in cases where the receipts were destroyed in a house fire, tornado, etc. In cases where your receipts were not turned in, Requests for Reconsideration will be taken due to medical or family emergencies **ONLY**.

**Privacy Act Statement:** The Muscogee (Creek) Nation School Clothing Office cannot give out your information. However, the School Clothing Office can share the information with other Federal, State, Tribal offices, schools, and/or programs, etc., who have some responsibility with the services for which you are applying. For any other persons or program wanting information from your case file, you must complete the Release of Information Section below. You have a right, to know what information is in your case record and you can ask to see it if you believe some information is inaccurate. Ask a School Clothing staff member about how to change or update the information in your case file.

**Fraud Statement:** All information pertinent to services requested is subject to verification. Falsification of this information shall be grounds for:

1. **Denial of this application.**
2. **Not eligible to receive assistance for (1) year.**
3. **All parties, schools, agencies, tribal programs, etc., will be notified.**
4. **Applicant may be required to pay back any monies that were awarded.**
5. **Information may be forwarded to the Attorney General's Office if further action is needed.**

**Release of Information:** Should you choose a family member or friend to receive or give information to our staff, in regards to the application, please complete the following requested for identification purposes.

- ☐ I do not wish to list any person(s).
- ☐ I authorize the Social Services Department to obtain and/or exchange information with the person(s) listed below.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

This agreement will remain in effect for one (1) year from date of signature or until you request to rescind authorization. Information will only be given to person(s) listed if the box above is checked to authorize it.  
**Should you fail to check either box, your application will be considered incomplete, and sent back to you.**

Head of Household Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Head of Household Signature: \_\_\_\_\_

**Office Use Only**

Staff Member Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_



**THE  
MUSCOGEE (CREEK) NATION**

School Clothing Program/Department of Community and Human Services  
P.O. Box 580 | OKMULGEE, OK 74447  
T 918-549-2473 | F 918-549-2478

**JAMES R. FLOYD**  
PRINCIPAL CHIEF

**LOUIS A. HICKS**  
SECOND CHIEF

**School Enrollment Form**

**Parents: This form must be completed by a School Official**

**This is to verify that the following students are enrolled or pre-enrolled.**

**\*Please complete one box per student. If additional space is needed, use separate sheet\***

<hr/> <b>Student Name</b>	<hr/> <b>Student Name</b>
<hr/> <b>Grade for current school year</b>	<hr/> <b>Grade for current school year</b>
<hr/> <b>Name of School</b>	<hr/> <b>Name of School</b>
<hr/> <b>School Phone Number</b>	<hr/> <b>School Phone Number</b>
<hr/> <b>Signature of School Official/Title</b>	<hr/> <b>Signature of School Official/Title</b>
<b>Did student complete previous full school year?</b> Please circle: Yes No	<b>Did student complete previous full school year?</b> Please circle: Yes No

<hr/> <b>Student Name</b>	<hr/> <b>Student Name</b>
<hr/> <b>Grade for current school year</b>	<hr/> <b>Grade for current school year</b>
<hr/> <b>Name of School</b>	<hr/> <b>Name of School</b>
<hr/> <b>School Phone Number</b>	<hr/> <b>School Phone Number</b>
<hr/> <b>Signature of School Official/Title</b>	<hr/> <b>Signature of School Official/Title</b>
<b>Did student complete previous full school year?</b> Please circle: Yes No	<b>Did student complete previous full school year?</b> Please circle: Yes No



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Human Services Department  
School Clothing

**HOME SCHOOL ENROLLMENT**

Please attach a copy of the upcoming school year curriculum or original textbook receipts.  
Failure to attach the curriculum or receipts will delay the process of the application.

I, the undersigned, hereby attest, that my child(ren) (please list grade next to name of child),

\_\_\_\_\_

are homeschooled at the home of \_\_\_\_\_  
located at, \_\_\_\_\_

I affirm the enclosed curriculum is the curriculum that my child(ren) will be receiving and/or the  
enclosed original textbook receipts are the textbooks that will be used by my child(ren) during the  
current school year.

I understand that the submission of false information will result in me and/or my child(ren) being  
ineligible for future school clothing assistance and may result in the Muscogee (Creek) Nation filing  
charges against me for the recovery of any misspent monies.

Head of Household Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Head of Household Signature: \_\_\_\_\_